**Subject Access Request Form (SAR1)**

General Data Protection Regulation (EU) 2016/679 and Data Protection Act 2018

**Section 1:** **Details of the Individual**

|  |
| --- |
| Title: Click here to enter text.First names: Click here to enter text. Surname: Click here to enter text. |
| Former Surname (if applicable): Click here to enter text. |
| Date of Birth: Click here to enter text.NHS Number (if known): Click here to enter text.Current Address: Click here to enter text. |

**Section 2: Applicant Details (if making a request on behalf of the Individual)**

Name: Click here to enter text.

Address: Click here to enter text.

Date of Birth: Click here to enter text.

Relationship to Individual in Section 1: Click here to enter text.

**Section 3: Further Information**

It will be helpful if you can describe the specific information you wish to see and provide as many details as possible so that we can identify your records quickly.

If patient records are being requested, please provide details such as service(s) attended, dates, treatments, hospitals, etc.

If staff records are being requested, please indicate if current or previous member of staff and give payroll number if known: Click here to enter text.

**Section 4: Provision of Information**

Please tick **one** of the following boxes to confirm the format you wish to receive the information by specifying below.

If a preference is not chosen the most appropriate format will be selected by the Trust.

|  |  |  |
| --- | --- | --- |
| **Details** | **Paper** | **Electronic** |
| Photocopy or Printout Paper: Sent via Royal mail recorded/special deliveryElectronic: Sent via email (Provide email address below) | [ ]  | [ ]  |
| Photocopy or Printout collection at a Trust base | [ ]  |

**Email Address**

**(if applicable):** Click here to enter text.

**Section 5: Consent**

Please tick **one** of following boxes and sign below:

|  |  |
| --- | --- |
| a) I confirm I am the person mentioned in section 1 and I require access to my personal records.  | [ ]  |
| b) I confirm I am the person mentioned in section 1 and I authorise the release of copies of my personal records (described in section 3) to the person mentioned in section 2. Identification for the data subject must also be provided. | [ ]  |
| c) I confirm that I am the person mentioned in section 2 and I have parental responsibility for the child in section 1. The applicant must provide evidence to support having parental responsibility. | [ ]  |
| d) I confirm I am the person mentioned in section 2 and have been authorised to an act as an agent/power of attorney for the person in section 1. The applicant must provide evidence to support this. | [ ]  |
| e) The patient’s personal representative (this will be the executor of the will, or the administrator of the estate). The applicant must provide evidence to support this. | [ ]  |
| f) An applicant who may have a claim arising out of the patient’s death. The applicant must specify what claim is being made and only information that is relevant to the claim is considered for release. | [ ]  |

**Please note that your request will not be processed unless two forms of identification are received and verified. Approved forms of identification are available on our website.**

Print Name: Click here to enter text.

Date: Click here to enter text.

**Please return the form to:**

Department of Data Protection and Information Governance

Leeds Community Healthcare NHS Trust

Stockdale House

Victoria Road

Leeds

LS6 1PF

**Or email:** **ig.lch@nhs.net**

For further information about how we process your data, please view our Privacy Notice [here](https://www.leedscommunityhealthcare.nhs.uk/about-us/access-to-information/how-we-use-information-about-you/)